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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*None* 01/27/06

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None* 01/27/06

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/24/2004

| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                                  | STATE OR<br>COUNTRY | SHEETS<br>DRAWING | TOTAL | INDEPENDENT |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------|-------------------|-------|-------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met. after<br>Allowance | WI                  | 18                | 23    | 4           |
| Verified and<br>Acknowledged    | Examiner's Signature <i>01/27/06</i> Initials                                                                        |                     |                   |       |             |

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## TITLE

Method and apparatus for determining alternans data of an ECG signal

|                 |                                                                                                                   |                                                                                                                                                                                                                                                 |
|-----------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE      | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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